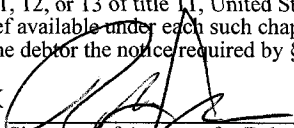


Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Alexander Steven Karp, Jill Marie Karp	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p>X  3/29/06</p> <p>Signature of Attorney for Debtor(s) Date</p> <p>Robert J. Sisson 1031127</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		<p style="text-align: center;">Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</p> <p><input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.</p> <p><input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances (Must attach certification describing.)</p>	
<p style="text-align: center;">Information Regarding the Debtor (Check the Applicable Boxes)</p> <p style="text-align: center;">Venue (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Statement by a Debtor Who Resides as a Tenant of Residential Property</p> <p style="text-align: center;"><i>Check all applicable boxes.</i></p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).</p> <p style="text-align: center;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: center;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of this petition.</p>			

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	4	\$ 23,866.50		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 49,000.00	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	2		\$ 4,666.86	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,864.85
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 3,204.86
Total			\$ 23,866.50	\$ 53,666.86	

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159)
[Individual Debtors Only]**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

(10/05)

In re: Alexander Steven Karp Jill Marie Karp
DebtorsCase No. _____
(If known)**SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total				0.00

(Report also on Summary of Schedules.)

In re **Alexander Steven Karp Jill Marie Karp**

Debtors

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash	J	100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Evergreen Credit Union Checking \$42.00 Acct.# 593-087	J	42.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Navy Federal Credit Union Savings Acct.# 2545337-004	J	5.50
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit for Apartment Premier Management #R1701 #54	J	399.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Couch 80.00 Coffee Table 20.00 Entertainment Center 40.00 TV 65.00 Lamps 20.00 Bed 40.00 Dresser 30.00 Night Stand 25.00	J	320.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			

In re **Alexander Steven Karp Jill Marie Karp**

Debtors

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Ford Mustang	J	6,000.00
Automobiles, trucks, trailers, and other vehicles and accessories.		2001 GMC Sierra	J	17,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<u>3</u> continuation sheets attached			Total	\$ 23,866.50

(Include amounts from any continuation sheets
attached. Report total also on Summary of
Schedules.)



WISCONSIN Certificate of Vehicle Registration

Product Number	Registration Number
13384052554	05255H30148
Color	
Expiration Date	Amount Received
08/31/2006	\$ 77.50

C OF R MUST BE IN VEHICLE AT ALL TIMES
PRIVATE CARRIER

KARP JILL M
1719 DUBLIN TRL #54
NEENAH, WI 54956

This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the 414-266-1148
Division of Motor 608-261-2583
Vehicles at: 800-924-3570
www.dot.wisconsin.gov




WISCONSIN



Certificate of Vehicle Registration

0000000

 Certificate of Vehicle Registration					Product Number 70449052760	Registration Number 05276H30149
Plate Number 826JZN	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color WHITE	
Vehicle Identification Number 1FAFP42X2YF225607			Year 2000	Make FORD	Expiration Date 10/02/2006	Amount Received \$ 105.00

KARP ALEXANDER S
1719 DUBLIN TRL #54
NEENAH, WI 54956

This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the 414-266-1148
Division of Motor 608-261-2583
Vehicles at: 800-924-3570
www.dot.wisconsin.gov



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 1FAFP42X2YF225607		Year 2000	Make FORD		
Title Number 05276H30149 -	Issue Date 10/03/2005	Chassis Type AUTO	Odometer Reading 81	Odometer Status ACTUAL	Odometer Date 10/03/2005
Product Number 74610052763	Body Style COUPE	Color WHITE			

Titled Owner(s)

KARP ALEXANDER S
1719 DUBLIN TRL #54
NEENAH, WI 54956

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

1FAFP42X2YF225607

Lien Holder(s)

00044174 NAVY FEDERAL CREDIT UNION, MERRIFIELD

Additional Vehicle Detail

PREVIOUSLY TITLED IN: VA

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1148, 608-261-2583, 800-924-3570
www.dot.wisconsin.gov

5-1-1179875
T055 5/2004

471440

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Case 08-21958-mjm Doc 1 Filed 04/03/08 Page 11 of 53

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☒ 11 U.S.C. § 522(b)(2)

☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash	11 USC § 522(d)(5)	100.00	100.00
Couch 80.00 Coffee Table 20.00 Entertainment Center 40.00 TV 65.00 Lamps 20.00 Bed 40.00 Dresser 30.00 Night Stand 25.00	11 USC § 522(d)(3)	320.00	320.00
Navy Federal Credit Union Savings Acct.# 2545337-004	11 USC § 522(d)(5)	5.50	5.50
Security Deposit for Apartment Premier Management #R1701 #54	11 USC § 522(d)(5)	399.00	399.00

If re: **Alexander Steven Karp Jill Marie Karp**

Debtors

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 430000472752-02 Navy Federal Credit Union PO Box 3100 Merrifield, VA 22119-3100		Auto Loan 2000 Ford Mustang VALUE \$6,000.00				25,000.00	25,000.00
ACCOUNT NO. 100700001248710 Wachovia Dealer Financial Services PO Box 530554 Atlanta, GA 30353-0554		07/17/2004 Auto loan 2001 GMC Sierra VALUE \$17,000.00				24,000.00	7,000.00

☐ Continuation sheets attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$49,000.00
\$49,000.00

(Report total also on Summary of Schedules)

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 Continuation sheets attached

In re

Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO.							

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Priority Claims

Subtotal
(Total of this page) >

\$0.00	\$0.00
\$0.00	\$0.00

Total
(Use only on last page of the completed Schedule E.) >

(Report total also on Summary of Schedules)

In re **Alexander Steven Karp Jill Marie Karp**

Debtors

Case No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 4319-0400-1151-4837 Bank of America PO Box 650260 Dallas, TX 75265-0260	W	Revolving Credit, Consumer Goods last time used 4/2004		X		2,780.70
ACCOUNT NO. Consumer Credit Card Division PO Box 2930 Phoenix, AZ 85062	W	Collector for Bank of America		X		0.00
ACCOUNT NO. 30944388985814 FMU Online/Corinthian College PO Box 7031 Tarzana, CA 91357-7031	W	Signature Loan 6/2005		X		243.97
ACCOUNT NO. 309544388985814 National Loan Servicing Center PO Box 7031 Tarzana, CA 91357-7031	W	Signature Loan 5/2005		X		243.97
ACCOUNT NO. various Quest Niagnostics/Dr. Gamig PO Box 41652 Philadelphia, PA 19101-1652	W	Medical Treatment		X		945.98

1 Continuation sheets attached

Subtotal >

\$4,214.62

Total >

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules)

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)		CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 122927			W	Fitness Membership 4/2005		X		452.24
Stayin' Alive Fitness 6185 Jog Rd. Lake Worth, FL 33467								

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >
(Total of this page)

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules)

\$452.24
\$4,666.86

In re: Alexander Steven Karp Jill Marie Karp
DebtorsCase No. _____
(If known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Premier 12630 W. North Ave. Brookfield, WI 53005	Lease

In re: **Alexander Steven Karp Jill Marie Karp**

Debtors

Case No.

(if known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

In re **Alexander Steven Karp Jill Marie Karp**

Debtors

Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
	Son	
Employment:	DEBTOR	SPOUSE
Occupation	Correctional Officer	Unemployed
Name of Employer	State of Wisconsin	
How long employed	2 months	
Address of Employer		

Income: (Estimate of average monthly income)

1. Current monthly gross wages, salary, and commissions
(Pro rate if not paid monthly.)

\$ 2,295.28 \$ 0.00

2. Estimated monthly overtime

\$ 0.00 \$ 0.00

3. SUBTOTAL

\$ 2,295.28 \$ 0.00

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 430.43 \$ 0.00

b. Insurance

\$ 0.00 \$ 0.00

c. Union dues

\$ 0.00 \$ 0.00

d. Other (Specify) _____

\$ 0.00 \$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 430.43 \$ 0.00

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,864.85 \$ 0.00

7. Regular income from operation of business or profession or firm
(Attach detailed statement)

\$ 0.00 \$ 0.00

8. Income from real property

\$ 0.00 \$ 0.00

9. Interest and dividends

\$ 0.00 \$ 0.00

10. Alimony, maintenance or support payments payable to the debtor for the
debtor's use or that of dependents listed above.

\$ 0.00 \$ 0.00

11. Social security or other government assistance
(Specify) _____

\$ 0.00 \$ 0.00

12. Pension or retirement income

\$ 0.00 \$ 0.00

13. Other monthly income

\$ 0.00 \$ 0.00

(Specify) _____

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ \$0.00 \$ \$0.00

15. TOTAL MONTHLY INCOME (add amounts shown on lines 6 and 14)

\$ 1,864.85 \$ 0.00

16. TOTAL COMBINED MONTHLY INCOME

\$ 1,864.85

(Report also on Summary of Schedules)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

NONE

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>689.00</u>
a. Are real estate taxes included? Yes _____ No <u>✓</u>		
b. Is property insurance included? Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>70.00</u>
b. Water and sewer	\$	<u>50.00</u>
c. Telephone	\$	<u>60.00</u>
d. Other _____	\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>25.00</u>
4. Food	\$	<u>475.00</u>
5. Clothing	\$	<u>125.00</u>
6. Laundry and dry cleaning	\$	<u>35.00</u>
7. Medical and dental expenses	\$	<u>75.00</u>
8. Transportation (not including car payments)	\$	<u>150.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>125.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>96.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>979.86</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance or support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other Baby Expenses	\$	<u>150.00</u>
Non-Food Essential	\$	<u>75.00</u>
School Expenses	\$	<u>25.00</u>

18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 3,204.86

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Total monthly income from Line 16 of Schedule I	\$	<u>1,864.85</u>
b. Total monthly expenses from Line 18 above	\$	<u>3,204.86</u>
c. Monthly net income (a. minus b.)	\$	<u>-1,340.01</u>

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16
(Total shown on summary page plus 1.)
sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 03/29/06

Signature: 
Alexander Steven Karp

Date: 3/29/06

Signature: 
Jill Marie Karp

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: Alexander Steven Karp Jill Marie Karp

Debtors

Case No. _____

(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
48,294.00	Employment Income	2004
55,681.34	Employment Income	2005
4,529.19	Employment Income	2006

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF	AMOUNT	AMOUNT
	PAYMENTS	PAID	STILL OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT	AMOUNT
		PAID OR VALUE OF TRANSFERS	STILL OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT	AMOUNT
		PAID	STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	---	---

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE

DATE OF PAYMENT,
NAME OF PAYOR IF
OTHER THAN DEBTOR
2/24/2006

AMOUNT OF MONEY OR
DESCRIPTION AND VALUE
OF PROPERTY
\$100.00
Counseling Session

FISC
921 Midway Rd.
Menasha, WI 54952

Law Office of Robert J. Sisson
103 W. College Ave.
Suite 1010
Appleton, WI 54911

2/7/2006 500.00
2/24/2006 774.00

\$1000.00 Attorney Fee
\$274.00 Filing Fee

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED
AND VALUE RECEIVED

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER
DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY OR DEBTOR'S
INTEREST IN PROPERTY

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE

AMOUNT AND
DATE OF SALE
OR CLOSING

Bank of America
Military Trail
FL

Checking
Savings

\$15.00

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------------	---

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
7861 Venture Center Way #3210 Baynton Beach, FL 33437	Alex & Jill Karp	3/2005 - 10/2005
9577 Cherry Blossom Terr. Boynton Beach, FL 33437	Alex Karp & Jill Van Asten	10/2004 - 3/2005

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Anna Lisa Menard

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None
☒

NAME	ADDRESS
------	---------

* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 03/29/06

Signature
of Debtor

Alexander Steven Karp

Date 3/29/06

Signature
of Joint
Debtor

Jill Marie Karp

In re Alexander Steven Karp, Jill Marie Karp
Debtor(s)Case Number: _____
(If known)

Check the box as directed in Parts I, III, and VI of this statement.

- ☐ Presumption arises
- ☒ Presumption does not arise

STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION

FOR USE IN CHAPTER 7

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS

1 If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the "Presumption does not arise" box at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

Part II. CALCULATION OF CURRENT MONTHLY INCOME

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.

- 2 a. ☐ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 3-10.**
- b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." **Complete only Column A ("Debtor's Income") for Lines 3-10.**
- c. ☐ Married, not filing jointly, without the declaration of separate households set out in line 2.b above. **Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-10.**
- d. ☒ Married, filing jointly. **Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-10.**

All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.

	All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.	COLUMN A DEBTOR'S INCOME	COLUMN B SPOUSE'S INCOME									
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$1,535.85	\$933.66									
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table><tr><td>a.</td><td>Gross Receipts</td><td>\$ 0.00</td></tr><tr><td>b.</td><td>Ordinary and necessary business expenses</td><td>\$ 0.00</td></tr><tr><td>c.</td><td>Business income</td><td>Subtract Line b from Line a</td></tr></table>	a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$0.00
a.	Gross Receipts	\$ 0.00										
b.	Ordinary and necessary business expenses	\$ 0.00										
c.	Business income	Subtract Line b from Line a										
5	Rents and other real property income. Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table><tr><td>a.</td><td>Gross Receipts</td><td>\$ 0.00</td></tr><tr><td>b.</td><td>Ordinary and necessary business expenses</td><td>\$ 0.00</td></tr><tr><td>c.</td><td>Business income</td><td>Subtract Line b from Line a</td></tr></table>	a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$0.00
a.	Gross Receipts	\$ 0.00										
b.	Ordinary and necessary business expenses	\$ 0.00										
c.	Business income	Subtract Line b from Line a										
6	Interest, dividends, and royalties.	\$0.00	\$0.00									
7	Pension and retirement income.	\$0.00	\$0.00									
8	Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include contributions from the debtor's spouse if Column B is completed.	\$0.00	\$0.00									

9	Unemployment compensation. Enter the amount in Column A and, if applicable, Column B. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ _____</td> <td>Spouse \$ _____</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____				
10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount. <table border="1"> <tr> <td>a. _____</td> <td>\$ _____</td> </tr> </table> Total and enter on Line 10.	a. _____	\$ _____	\$0.00	\$0.00	
a. _____	\$ _____					
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$1,535.85	\$933.66			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 2,469.51				

Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$29,634.12
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>WI</u> b. Enter debtor's household size: <u>3</u>	\$58,135.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)		
16	Enter the amount from Line 12.	\$2,469.51
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$0.00
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$2,469.51

Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)		
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)		
19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$
20	Local Standards: housing and utilities. Enter amount from the IRS Housing and Utilities Standards for the applicable county and family size. (This information is available at www.irs.gov ; www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). Do not include payments on secured debts, such as mortgage payments, to the extent that they are accounted for in the IRS Housing and Utilities Standards.	\$

21	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 41; subtract Line b from Line a and enter the result in Line 22. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs, First Car</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 41</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 41	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 41	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 22.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 41; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 41</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 41	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 41	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
24	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 430.43									
25	<p>Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</p>	\$ 0.00									
26	<p>Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ 0.00									
27	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 43.</p>	\$ 0.00									
28	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ 0.00									
29	<p>Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education.</p>	\$ 0.00									
30	<p>Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 33.</p>	\$ 0.00									

31	Other Necessary Expenses: telecommunication services: Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller identification, special long distance, or internet services necessary for the health and welfare of you or your dependents. Do not include any amount previously deducted.	\$ 0.00												
32	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 31.	\$												
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19 through 31														
33	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total.	\$ 0.00												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">Health Insurance</td> <td style="width: 30%; text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </table>		a.	Health Insurance	\$0.00	b.	Disability Insurance	\$	c.	Health Savings Account	\$			Total: Add Lines a, b and c	\$ 0.00
a.	Health Insurance	\$0.00												
b.	Disability Insurance	\$												
c.	Health Savings Account	\$												
		Total: Add Lines a, b and c												
34	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 28.	\$ 0.00												
35	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law.	\$ 0.00												
36	Home energy costs in excess of the allowance specified by the IRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.	\$												
37	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$ 0.00												
38	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.	\$												
39	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$ 0.00												
40	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 33 through 39.	\$ 0.00												
Subpart C: Deductions for Debt Payment														
41	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Do not include items you have previously deducted, such as insurance and taxes.	\$ 0.00												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name of Creditor</th> <th style="width: 35%;">Property Securing the Debt</th> <th style="width: 25%;">60-month Average Payment</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </table>			Name of Creditor	Property Securing the Debt	60-month Average Payment	a.			\$				Total: Add Lines a, b and c	\$ 0.00
	Name of Creditor	Property Securing the Debt	60-month Average Payment											
a.			\$											
			Total: Add Lines a, b and c											
42	Past due payments on secured claims. If any of the debts listed in Line 41 are in default, and the property securing the debt is necessary for your support or the support of your dependents, you may include in your deductions 1/60th of the amount that you must pay the creditor as a result of the default (the "cure amount") in order to maintain possession of the property. List any such amounts in the following chart and enter the total. If necessary, list additional entries on a separate page.	\$ 0.00												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name of Creditor</th> <th style="width: 35%;">Property Securing the Debt in Default</th> <th style="width: 25%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </table>			Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount	a.			\$				Total: Add Lines a, b and c	\$ 0.00
	Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount											
a.			\$											
			Total: Add Lines a, b and c											

43	Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.	\$ 0.00									
44	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 40%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 0.00
a.	Projected average monthly Chapter 13 plan payment.	\$									
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x									
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b									
45	Total Deductions for Debt Payment. Enter the total of Lines 41 through 44.	\$ 0.00									
Subpart D: Total Deductions Allowed under § 707(b)(2)											
46	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 32, 40, and 45.	\$									

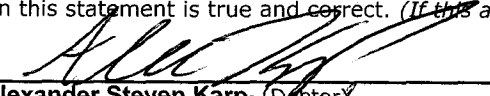
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION		
47	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
48	Enter the amount from Line 46 (Total of all deductions allowed under § 707(b)(2))	\$
49	Monthly disposable income under § 707(b)(2). Subtract Line 48 from Line 47 and enter the result	\$
50	60-month disposable income under § 707(b)(2). Multiply the amount in Line 49 by the number 60 and enter the result.	\$
51	Initial presumption determination. Check the applicable box and proceed as directed. <div style="margin-top: 5px;"> <input type="checkbox"/> The amount on Line 50 is less than \$6,000. Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> The amount set forth on Line 50 is more than \$10,000. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> The amount on Line 50 is at least \$6,000, but not more than \$10,000. Complete the remainder of Part VI (Lines 52 through). </div>	
52	Enter the amount of your total non-priority unsecured debt	\$
53	Threshold debt payment amount. Multiply the amount in Line 52 by the number 0.25 and enter the result.	\$
54	Secondary presumption determination. Check the applicable box and proceed as directed. <div style="margin-top: 5px;"> <input type="checkbox"/> The amount on Line 50 is less than the amount on Line 53. Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete the verification in Part VIII. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> The amount on Line 50 is equal to or greater than the amount on Line 53. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. </div>	

Part VII. ADDITIONAL EXPENSE CLAIMS											
55	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Expense Description</th> <th style="width: 35%;">Monthly Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, and c</td> <td style="text-align: right;">\$0.00</td> </tr> </table>			Expense Description	Monthly Amount	a.		\$	Total: Add Lines a, b, and c		\$0.00
	Expense Description	Monthly Amount									
a.		\$									
Total: Add Lines a, b, and c		\$0.00									

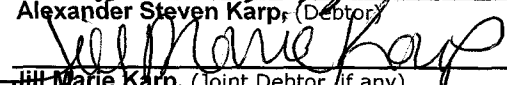
Part VIII: VERIFICATION

56

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: 03/29/06Signature: 

Alexander Steven Karp, (Debtor)

Date: 3/29/06Signature: 

Jill Marie Karp, (Joint Debtor, if any)

Income from all other sources (continued)

Future payments on secured claims (continued)


	Name of Creditor	Property Securing the Debt	60-month Average Payment
--	------------------	----------------------------	--------------------------

Past due payments on secured claims (continued)

	Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount
--	------------------	---------------------------------------	---------------------------

Other Expenses (continued)

	Expense Description	Monthly Amount
--	---------------------	----------------

Agency 410		Sec.Level 200		Check Sort 00151			
Pay Period Begin Date 02/19/06				Check Date 03/16/06			
Pay Period End Date 03/04/06		Pay Period 06-A		Advice # 64768657			
Employee Information			Tax Data				
KARP, ALEXANDER S Seniority Date Base Pay Rate Supp. Pay Rate Schedule/Range Job Title			Marital Status Married Exemptions 1 Additional Amt. Withheld 2				
Hours and Earnings			Travel Reimbursement				
Description	Appt.#	Rate	Hours	Earnings	YTD		
Regular Hours		13.242	80.00	1,059.36			
Payroll Gross			1,059.36				
Travel Gross			0.00				
Pre-Tax Deductions			Post-Tax Deductions				
Description	Current	YTD	Description	Amount	Description		
			Retirement	*****			
			Union Dues	13.00			
Total 0.00			Total 13.00				
Tax Withholding			Pay Summary				
Description	Current	YTD					
Fed Withholding	65.06	260.91					
WI Withholding	52.56	210.59					
Social Security	65.68	263.00					
Medicare	15.36	61.51					
Total	198.66		Total Gross 1,059.36 Total Deductions 211.66 Net Pay 847.70				
YTD Grosses			Leave Activity				
Description	Current	YTD	Description	Bal. Beginning of P/P	Earned P/P	Used P/P	Bal. End of P/P
Payroll Gross	1,059.36	4,241.94	Sick Leave	15:00	5:00		20:00
State Taxable Gross*	1,059.36	4,241.94	Vacation	*PROB*			
Federal Taxable Gross*	1,059.36	4,241.94	Personal Holiday	36:00		28:00	8:00
Soc. Sec. Gross*	1,059.36	4,241.94	Sat./Legal	64:00		16:00	48:00
Medicare Gross*	1,059.36	4,241.94	Comp. Time	0:00			0:00
			Term./Sabb.	0:00			0:00
* Imputed Taxable Life (Life Cov.Over 50,000)			Date of last leave transaction processed 03/03/06				
** Subject to Soc. Sec./Medicare Tax			***** State Pays All				

64768657 410 200 00151
 WI Dept of Corrections
 P O Box 7925
 Madison WI 53707-7925

State of Wisconsin

Bi-Weekly Payroll

March 16, 2006


ELECTRONIC DEPOSIT ADVICE

FUND	AGENCY	SUB	VOUCHER	DISTRIB	ADVICE NUMBER
100	410	200	00006	00151	64768657

NON NEGOTIABLE

\$*****847.70

20719
 KARP, ALEXANDER S
 1719 DUBLIN TRL #54
 NEENAH WI 54956

Agency 410		Sec.Level 200		Check Sort 00151			
Pay Period Begin Date 01/22/06				Check Date 02/14/06			
Pay Period End Date 02/04/06		Pay Period 04-A		Check # B1989473			
Employee Information				Tax Data			
KARP, ALEXANDER S		Seniority Date 01/09/06		Marital Status Married			
		Base Pay Rate 13.242		Exemptions 1			
Schedule/Range 05-31		Supp. Pay Rate		Additional Amt. Withheld 2			
Job Title CORRECTIONAL OFFICER							
Hours and Earnings				Travel Reimbursement			
Description	Appt.#	Rate	Hours	Earnings	YTD		
Regular Hours		13.242	80.00	1,059.36			
Payroll Gross				1,059.36	Travel Gross 0.00		
Pre-Tax Deductions			Post-Tax Deductions				
Description	Current	YTD	Description	Amount	Description Amount		
			Retirement	*****			
			Union Dues	13.00			
Total 0.00			Total 13.00				
Tax Withholding			Pay Summary				
Description	Current	YTD					
Fed Withholding	65.06	130.12					
WI Withholding	52.56	105.12					
Social Security	65.68	131.36					
Medicare	15.36	30.72					
Total 198.66			Total Gross 1,059.36				
			Total Deductions 211.66				
			Net Pay 847.70				
YTD Grosses			Leave Activity				
Description	Current	YTD	Description	Bal. Beginning of P/P	Earned P/P	Used P/P	Bal. End of P/P
Payroll Gross	1,059.36	2,118.72	Sick Leave	0:00	5:00		5:00
State Taxable Gross*	1,059.36	2,118.72	Vacation	*PROB*			
Federal Taxable Gross*	1,059.36	2,118.72	Personal Holiday	36:00			36:00
Soc. Sec. Gross*	1,059.36	2,118.72	Sat./Legal	64:00			64:00
Medicare Gross*	1,059.36	2,118.72	Comp. Time	0:00			0:00
			Term./Sabb.	0:00			0:00
* Imputed Taxable Life (Life Cov.Over 50,000)			Date of last leave transaction processed 01/09/06				
** Subject to Soc. Sec./Medicare Tax			***** State Pays All				

- Detach this stub before cashing check -

Agency 410		Sec. Level 200		Check Sort 00151	
Pay Period Begin Date 01/08/06		Pay Period 03 - B		Check Date 02/08/06	
Pay Period End Date 01/21/06				Check # B1980846	
Employee Information					
KARP, ALEXANDER S		Seniority Date 01/09/06		Marital Status Married	
		Base Pay Rate 13.242		Exemptions 1	
		Supp. Pay Rate		Additional Am't. Withheld 2	
Schedule/Range 05-31					
Job Title CORRECTIONAL OFFICER					
Hours and Earnings					
Appt. #		Rate		Earnings	
Regular Hours		13.242		80.00 1,059.36	
Travel Reimbursement					
Description		YTD		Current	
Payroll Gross		1,059.36		Travel Gross 0.00	
Pre-Tax Deductions					
Description		YTD		Amount	
		Retirement		*****	
		Union Dues		13.00	
Total		0.00		13.00	
Post-Tax Deductions					
Description		YTD		Amount	
		Retirement		*****	
		Union Dues		13.00	
Total		0.00		13.00	
Tax Withholding					
Description		Current		YTD	
Fed Withholding		65.06		65.06	
WI Withholding		52.56		52.56	
Social Security		65.68		65.68	
Medicare		15.36		15.36	
Total		198.66			
YTD Grosses					
Description		Current		YTD	
Payroll Gross		1,059.36		1,059.36	
State Taxable Gross*		1,059.36		1,059.36	
Federal Taxable Gross*		1,059.36		1,059.36	
Soc. Sec. Gross*		1,059.36		1,059.36	
Medicare Gross*		1,059.36		1,059.36	
Leave Activity					
Description		Bal. Beginning of P/P		Earned P/P	
Sick Leave		N/A		N/A	
Vacation		N/A		N/A	
Personal Holiday		N/A		N/A	
Sat./Legal		N/A		N/A	
Comp. Time		N/A		N/A	
Term./Sabb.		N/A		N/A	
Pay Summary					
Total Gross		1,059.36		1,059.36	
Total Deductions		211.66		211.66	
Net Pay		847.70		847.70	
Date of last leave transaction processed					
**** State Pays All N/A = Not Available					

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description		Current	YTD	Description	Current
Hrs-Basic Pay	:	72.37	72.37		
Hrs-Holiday	:	8.00	8.00		
HrsOT-Basic Pay	:	9.00	9.00		
Hourly Pay	:	938.70	938.70		
FICA Tax	:	58.20	58.20		
Federal Income Tax	:	37.72	37.72		
Medicare Tax	:	13.61	13.61		
State Income Tax	:	43.48	43.48		
Gross Pay	:	938.70	938.70		
Net Pay	:	785.69	785.69		

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
TOTALS				
		KARP, ALEXANDER S	12/19/2005 - 1/1/2006	

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description		Current	YTD	Description	Current
Hrs-Basic Pay	:	69.97	279.97		
Hrs-Holiday	:	0.00	8.00		
HrsOT-Basic Pay	:	0.00	2.31		
Hourly Pay	:	699.70	2,914.35		
FICA Tax	:	43.38	180.69		
Federal Income Tax	:	14.59	69.91		
Medicare Tax	:	10.15	42.27		
State Income Tax	:	25.13	109.31		
Gross Pay	:	699.70	2,914.35		
Net Pay	:	606.45	2,512.17		

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
TOTALS				
		KARP, ALEXANDER S	12/5/2005 - 12/18/2005	

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description		Current	YTD	Description	Current
Hrs-Basic Pay	:	73.37	210.00		
Hrs-Holiday	:	8.00	8.00		
HrsOT-Basic Pay	:	1.23	2.31		
Hourly Pay	:	832.15	2,214.65		
FICA Tax	:	51.59	137.31		
Federal Income Tax	:	27.83	55.32		
Medicare Tax	:	12.07	32.12		
State Income Tax	:	35.17	84.18		
Gross Pay	:	832.15	2,214.65		
Net Pay	:	705.49	1,905.72		

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
TOTALS				
		KARP, ALEXANDER S	11/21/2005 - 12/4/2005	

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description	Current	YTD	Description	Current	YTD
Hrs-Basic Pay	: 73.38	136.63			
HrsOT-Basic Pay	: 1.08	1.08			
Hourly Pay	: 750.00	1,382.50			
FICA Tax	: 46.50	85.72			
Federal Income Tax	: 19.62	27.49			
Medicare Tax	: 10.88	20.05			
State Income Tax	: 28.84	49.01			
Gross Pay	: 750.00	1,382.50			
Net Pay	: 644.16	1,200.23			

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
TOTALS				
		KARP, ALEXANDER S	11/ 7/2005 - 11/20/2005	

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description	Current	YTD	Description	Current	YTD
Hrs-Basic Pay	: 63.25	63.25			
Hourly Pay	: 632.50	632.50			
FICA Tax	: 39.22	39.22			
Federal Income Tax	: 7.87	7.87			
Medicare Tax	: 9.17	9.17			
State Income Tax	: 20.17	20.17			
Gross Pay	: 632.50	632.50			
Net Pay	: 556.07	556.07			

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
TOTALS				
		KARP, ALEXANDER S	10/24/2005 - 11/ 6/2005	

3/03/06 17:14:01

Checks Display

PYGPI10

PYDFI10

Employer . . . : THE WACKENHUT CORPORATION
Employee . . . : 079688237 KARP, ALEXANDER
Tax ID . . . : 079688237
Cycle . . . : BWCC4
Frequency . . . : B
YTD Gross Pay . : 30,820.91
YTD Net Pay . . : 23363.56

Pay Type . . . : H
Base Rate . . . : 13.0000
Sel. Gross Pay : 30820.91
Selected Net Pay: 23363.56

Begin Chk. Date :
Income Code . . :
Clear/Void Status

Ending Chk. Date:
Deduction Code. :

Acct#	Check No.	Check Date	Gross Pay	Check Amt.	Opt
CHK01		11/11/2005	.00	.00	-
CHK01		10/28/2005	.00	.00	-
CHK01	3451867	10/14/2005	520.00	520.00	-
CHK01	3416172	9/30/2005	1664.00	1664.00	-
CHK01	3405140	9/23/2005	78.00	78.00	-
CHK01	3376469	9/16/2005	1586.00	1586.00	-
CHK01	3353792	9/02/2005	1274.00	1274.00	-
CHK01	3298433	8/19/2005	1274.00	1274.00	- +

F3=Exit F8=Print F10=Access

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:4650 Montgomery Road
Cincinnati, OH 45212**Net Pay:** \$682.43**Pay Begin Date:** 01/15/2006**Pay End Date:** 01/28/2006**Check Date:** 02/03/2006[View a Different Payment](#)**General****Name:** Jill M Karp**Employee ID:** 100163455**Address:** 1719 Dublin Trail #54

Neenah, WI 54956

Location: Appleton WI**Job Title:** Sales and Service Rep II**Pay Rate:** \$11.00 Hourly**Tax Data****Fed Marital Status:** Married**WI Marital Status:** Married**Fed Allowances:** 0**WI Allowances:** 0**Fed Addl Percent:** 0.000**WI Addl Percent:** 0.000**Fed Addl Amount:** \$0.00**WI Addl Amount:** \$0.00**Paycheck Summary**

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	836.50	836.50	154.07		682.43
YTD	2,451.69	2,451.69	447.50		2,004.19

Earnings

Description	Hours	Rate	Amount	YTD Amount
Reg Earns	75.88	11.000000	834.68	2,411.75
Overtm 1.5	0.11	16.500000	1.82	39.94

Taxes

Description	Amount	YTD Amount
Fed Withholdng	52.88	152.88
Fed MED/EE	12.13	35.59
Fed OASDI/EE	51.86	152.00
WI Withholdng	37.20	107.00

Total:	75.99		836.50	2,451.69	154.07	447.50
---------------	--------------	--	---------------	-----------------	---------------	---------------

Before-Tax Deductions**After-Tax Deductions****Employer Paid Benefits**

Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
-------------	--------	------------	-------------	--------	------------	-------------	--------	------------

Total:	Total:	* Taxable Total:
---------------	---------------	-----------------------------

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Direct Deposit	1922609	Checking	682.4

[Payroll Home](#)

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:

4650 Montgomery Road

Cincinnati, OH 45212

Net Pay: \$633.06**Pay Begin Date:** 01/01/2006**Pay End Date:** 01/14/2006**Check Date:** 01/20/2006[View a Different Payment](#)**General****Name:** Jill M Karp**Employee ID:** 100163455**Address:** 1719 Dublin Trail #54

Neenah, WI 54956

Location: Appleton WI**Job Title:** Sales and Service Rep II**Pay Rate:** \$11.00 Hourly**Tax Data****Fed Marital Status:** Married**WI Marital Status:** Married**Fed Allowances:** 0**WI Allowances:** 0**Fed Addl Percent:** 0.000**WI Addl Percent:** 0.000**Fed Addl Amount:** \$0.00**WI Addl Amount:** \$0.00**Paycheck Summary**

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	770.28	770.28	137.22		633.06

Earnings

Description	Hours	Rate	Amount
Reg Earns	66.56	11.000000	732.16
Overtm 1.5	2.31	16.500000	38.12

Taxes

Description	Amount
Fed Withholding	46.26
Fed MED/EE	11.17
Fed OASDI/EE	47.76
WI Withholding	32.03

Total: 68.87

770.28

Total:

137.22

Before-Tax Deductions

Description	Amount
--------------------	---------------

After-Tax Deductions

Description	Amount
--------------------	---------------

Employer Paid Benefits

Description	Amount
--------------------	---------------

Total:**Total:**

* Taxable

Total:

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Direct Deposit	1909097	Checking	633.0

[Payroll Home](#)

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:

4650 Montgomery Road

Cincinnati, OH 45212

Net Pay: \$688.70**Pay Begin Date:** 12/18/2005**Pay End Date:** 12/31/2005**Check Date:** 01/06/2006[View a Different Payment](#)**General****Name:** Jill M Karp**Employee ID:** 100163455**Address:** 1719 Dublin Trail #54

Neenah, WI 54956

Location: Appleton WI**Job Title:** Sales and Service Rep II**Pay Rate:** \$11.00 Hourly**Tax Data****Fed Marital Status:** Married**WI Marital Status:** Married**Fed Allowances:** 0**WI Allowances:** 0**Fed Addl Percent:** 0.000**WI Addl Percent:** 0.000**Fed Addl Amount:** \$0.00**WI Addl Amount:** \$0.00**Paycheck Summary**

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	844.91	844.91	156.21		688.70

Earnings

Description	Hours	Rate	Amount
Reg Earnings	76.81	11.000000	844.91

Taxes

Description	Amount
Fed Withholding	53.72
Fed MED/EE	12.25
Fed OASDI/EE	52.38
WI Withholding	37.86

Total: 76.81

844.91

Total:

156.21

Before-Tax Deductions

Description	Amount

After-Tax Deductions

Description	Amount

Employer Paid Benefits

Description	Amount

Total:**Total:**

* Taxable

Total:

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Check	4095372	Issue Check	688.7

[Payroll Home](#)

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:

4650 Montgomery Road

Cincinnati, OH 45212

Net Pay: \$618.76**Pay Begin Date:** 12/04/2005**Pay End Date:** 12/17/2005**Check Date:** 12/23/2005[View a Different Payment](#)**General****Name:** Jill M Karp**Employee ID:** 100163455**Address:** 1719 Dublin Trail #54

Neenah, WI 54956

Location: Appleton WI**Job Title:** Sales and Service Rep II**Pay Rate:** \$11.00 Hourly**Tax Data****Fed Marital Status:** Married**WI Marital Status:** Married**Fed Allowances:** 0**WI Allowances:** 0**Fed Addl Percent:** 0.000**WI Addl Percent:** 0.000**Fed Addl Amount:** \$0.00**WI Addl Amount:** \$0.00**Paycheck Summary**

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	751.19	751.19	132.43		618.76

Earnings

Description	Hours	Rate	Amount
Reg Earns	68.29	11.000000	751.19

Taxes

Description	Amount
Fed Withholding	44.35
Fed MED/EE	10.89
Fed OASDI/EE	46.57
WI Withholding	30.62

Total: 68.29

751.19

Total:

132.43

Before-Tax Deductions

Description	Amount
-------------	--------

After-Tax Deductions

Description	Amount
-------------	--------

Employer Paid Benefits

Description	Amount
-------------	--------

Total:**Total:**

* Taxable

Total:

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Check	4084603	Issue Check	618.7

[Payroll Home](#)

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:

4650 Montgomery Road

Cincinnati, OH 45212

Net Pay: \$554.02**Pay Begin Date:** 11/20/2005**Pay End Date:** 12/03/2005**Check Date:** 12/09/2005[View a Different Payment](#)**General****Name:** Jill M Karp**Employee ID:** 100163455**Address:** 1719 Dublin Trail #54

Neenah, WI 54956

Location: Appleton WI**Job Title:** Sales and Service Rep II**Pay Rate:** \$11.00 Hourly**Tax Data****Fed Marital Status:** Married**WI Marital Status:** Married**Fed Allowances:** 0**WI Allowances:** 0**Fed Addl Percent:** 0.000**WI Addl Percent:** 0.000**Fed Addl Amount:** \$0.00**WI Addl Amount:** \$0.00**Paycheck Summary**

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	664.84	664.84	110.82		554.02

Earnings

Description	Hours	Rate	Amount
Reg Earns	60.44	11.000000	664.84

Taxes

Description	Amount
Fed Withholding	35.71
Fed MED/EE	9.64
Fed OASDI/EE	41.22
WI Withholding	24.25

Total: 60.44

664.84

Total:

110.82

Before-Tax Deductions

Description	Amount
--------------------	---------------

After-Tax Deductions

Description	Amount
--------------------	---------------

Employer Paid Benefits

Description	Amount
--------------------	---------------

* Taxable

Total:**Total:****Total:****Net Pay Distribution**

Payment Type	Paycheck Number	Account Type	Amount
Check	4073659	Issue Check	554.02

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:4650 Montgomery Road
Cincinnati, OH 45212**Net Pay:** \$363.35**Pay Begin Date:** 11/06/2005**Pay End Date:** 11/19/2005**Check Date:** 11/23/2005[View a Different Payment](#)**General**

Name:	Jill M Karp	Location:	Appleton WI
Employee ID:	100163455	Job Title:	Sales and Service Rep II
Address:	1719 Dublin Trail #54 Neenah, WI 54956	Pay Rate:	\$11.00 Hourly

Tax Data

Fed Marital Status:	Married	WI Marital Status:	Married
Fed Allowances:	0	WI Allowances:	0
Fed Addl Percent:	0.000	WI Addl Percent:	0.000
Fed Addl Amount:	\$0.00	WI Addl Amount:	\$0.00

Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	415.25	415.25	51.90		363.35

Earnings				Taxes	
Description	Hours	Rate	Amount	Description	Amount
Reg Earnings	37.75	11.000000	415.25	Fed Withholding	10.76
				Fed MED/EE	6.02
				Fed OASDI/EE	25.75
				WI Withholding	9.37

Total:	37.75	415.25	Total:	51.90
---------------	--------------	---------------	---------------	--------------

Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits	
Description	Amount	Description	Amount	Description	Amount
Total:		Total:		Total:	

* Taxable

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Check	4063095	Issue Check	363.35

Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/16/05 136946

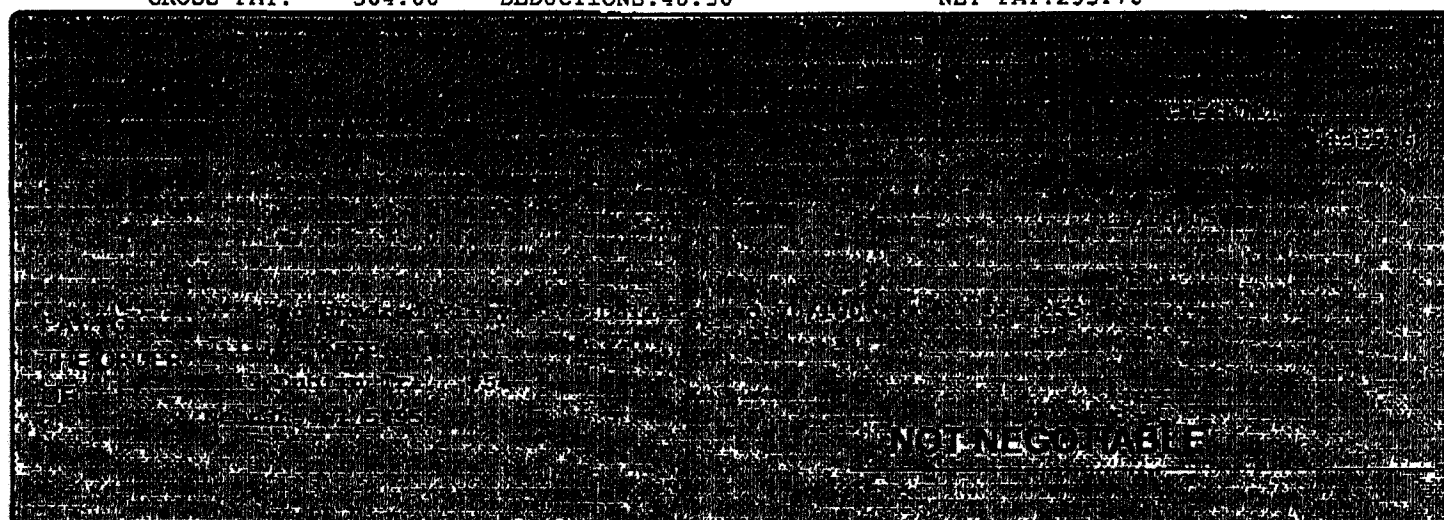
REGULAR 32 304.00 FED'L W/H 15.02
F.I.C.A. 18.85
MEDICARE 4.41
STATE 10.02

-----YTD-----

GROSS 655.50
FICA 40.64
FED TAX 34.79
STATE 23.55
CITY 00.00
MED'CRE 9.510
401K 00.00
NONTXBL 00.00
TAXABLE 655.50

11/07/05 11/11/05 Pitney Bowes 32.00 9.50 304.00

GROSS PAY: 304.00 DEDUCTIONS:48.30

YTD HOURS:69.00
NET PAY:255.70

Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/16/05 136946

REGULAR 32 304.00 FED'L W/H 15.02
F.I.C.A. 18.85
MEDICARE 4.41
STATE 10.02

-----YTD-----

GROSS 655.50
FICA 40.64
FED TAX 34.79
STATE 23.55
CITY 00.00
MED'CRE 9.510
NONTXBL 00.00
TAXABLE 655.50

11/07/05 11/11/05 Pitney Bowes 32.00 9.50 304.00

GROSS PAY: 304.00 DEDUCTIONS:48.30

YTD HOURS:69.00
NET PAY:255.70

Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/09/05 136573

REGULAR 37 351.50 FED'L W/H 19.77
F.I.C.A. 21.79
MEDICARE 5.10
STATE 13.53

-----YTD-----
GROSS 351.50
FICA 21.79
FED TAX 19.77
STATE 13.53
CITY 00.00
MED'CRE 5.10
401K 00.00
NONTXBL 00.00
TAXABLE 351.50

10/31/05 11/06/05 Pitney Bowes

37.00

9.50

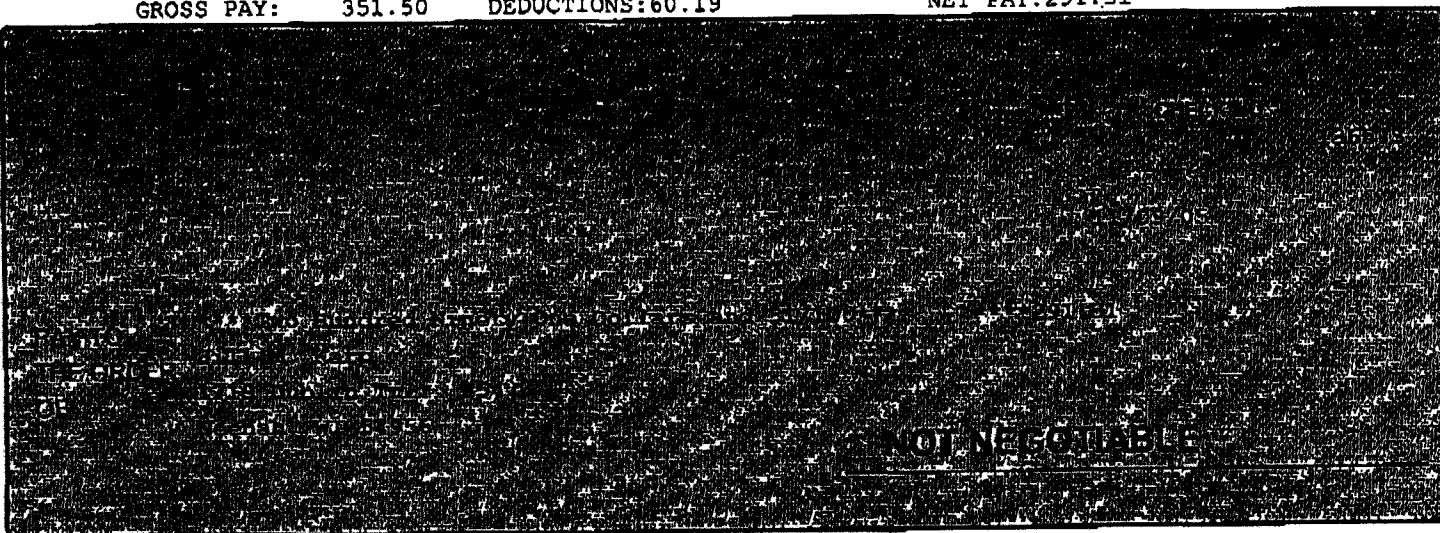
351.50

YTD HOURS:37.00

GROSS PAY: 351.50

DEDUCTIONS:60.19

NET PAY:291.31



Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/09/05 136573

REGULAR 37 351.50 FED'L W/H 19.77
F.I.C.A. 21.79
MEDICARE 5.10
STATE 13.53

-----YTD-----
GROSS 351.50
FICA 21.79
FED TAX 19.77
STATE 13.53
CITY 00.00
MED'CRE 5.10
NONTXBL 00.00
TAXABLE 351.50

10/31/05 11/06/05 Pitney Bowes

37.00

9.50

351.50

YTD HOURS:37.00

GROSS PAY: 351.50

DEDUCTIONS:60.19

NET PAY:291.31

9/26/2005

Jill M Van Asten

**267.13

Two Hundred Sixty-Seven and 13/100*****

Jill M Van Asten
 9577 Cherry Blossom Terrace
 Boynton Beach, FL 33437

09/24/2005 - 10/07/2005 Pay Period

Jill M Van Asten		9/26/2005	YTD
9577 Cherry Blossom Terrace	Hourly Rate 1 (24.00@\$13.00)	312.00	19,878.00
Boynton Beach, FL 33437	Federal Withholding	-21.00	-2,375.00
	Social Security Employee	-19.35	-1,232.44
388-98-5814	Medicare Employee	-4.52	-288.23

Used / Available
 Sick 0.00 / 0.00
 Vac 0.00 / 0.00

Lancore Realty, Inc.
 399 W. Palmetto Park Road
 Suite #102
 Boca Raton, Florida 33432

09/24/2005 - 10/07/2005 Pay Period

267.13

Jill M Van Asten		9/26/2005	YTD
9577 Cherry Blossom Terrace	Hourly Rate 1 (24.00@\$13.00)	312.00	19,878.00
Boynton Beach, FL 33437	Federal Withholding	-21.00	-2,375.00
	Social Security Employee	-19.35	-1,232.44
388-98-5814	Medicare Employee	-4.52	-288.23

Used / Available
 Sick 0.00 / 0.00
 Vac 0.00 / 0.00

Lancore Realty, Inc.
 399 W. Palmetto Park Road
 Suite #102
 Boca Raton, Florida 33432

09/24/2005 - 10/07/2005 Pay Period

267.13

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

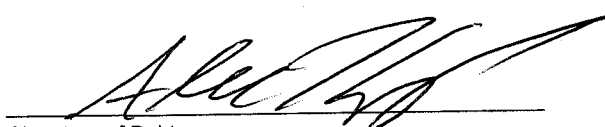
- ☒ I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
☒ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

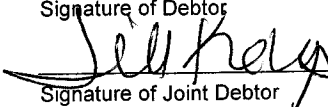
Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1. 2000 Ford Mustang	Navy Federal Credit Union	X			
2. 2001 GMC Sierra	Wachovia Dealer Financial Services	X			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
1. Lease	Premier	X

Date: 03/29/06

Date: 3/29/06


Signature of Debtor


Signature of Joint Debtor

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: **Alexander Steven Karp**

Jill Marie Karp

Case No. _____
Chapter **7**

Debtors

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,000.00</u>
Prior to the filing of this statement I have received	\$	<u>1,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

Avoidance Leins, Satisfaction of Judgment, Adversary Proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 3-29-06


Robert J. Sisson, Bar No. 1031127

Law Office of Robert J. Sisson
Attorney for Debtor(s)

Christopher L. Austin
Clerk

United States Bankruptcy Court
Eastern District of Wisconsin

Office of the Clerk

126 U.S Courthouse
517 E. Wisconsin Ave.
Milwaukee, WI 53202-4581
Fax 414-297-4040
Phone 414-297-3291
www.wieb.uscourts.gov

SUMMARY INFORMATION SHEET

Chapter: 7 County Code Number: 55139 Case Number: _____
(see reverse side)

Debtor(s) Name: Alexander Steven Karp, Jill Marie Karp
Debtor(s) Phone Number: 920-725-2441
Non Filing Spouse Name: _____
Address: _____

Non Filing Spouse SS#: _____

Do **assets** require the immediate protection/attention of the Trustee? ☐ Yes ☒ No
If yes, what is the asset: _____

Has anyone received compensation for services rendered in this case? ☐ Yes ☒ No

Is this petition related to another pending case or a case that was
filed in the last five years? ☐ Yes ☒ No

The question above includes a petition in bankruptcy which was filed by the spouse of the debtor.
If yes, that case number is: NONE

Proposed Payment to the Trustee (chapter 13 cases only)
☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly
Dollar amount: _____
Type of Payment: ☐ Payroll Deduction ☐ Debtor Direct
If Payroll Deduction, are the payments from the: ☐ Debtor ☐ Joint-Debtor



UNITED STATES BANKRUPTCY COURT
NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer (\$200 filing fee plus \$39 administrative fee)

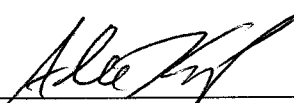
Chapter 12 designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family - owned farm.

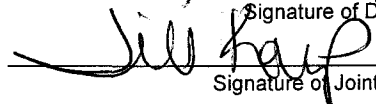
I, the debtor, affirm that I have read this notice.

03/29/06

Date
3/29/06

Date



Signature of Debtor


Signature of Joint Debtor

Case Number